

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10050271	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.
1			1				51			
2				1			52			
3				1			53			
4				1			54			
5				1			55			
6				1			56			
7				1			57			
8				1			58			
9				1			59			
10				1			60			
11				1			61			
12				1			62			
13				1			63			
14				1			64			
15				1			65			
16				1			66			
17				—			67			
18				1			68			
19				1			69			
20				—			70			
21				1			71			
22				1			72			
23				1			73			
24				1			74			
25				1			75			
26							76			
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41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.			1				TOTAL IND.			
TOTAL DEP.			22				TOTAL DEP.			
TOTAL CLAIMS			23				TOTAL CLAIMS			